

## 2030 415 PATENT APPLICATION ATTORNEY DOCKET NO. 10001197

## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

1 believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

inatent is sought on t	the invention	e listed below) of the entitled:			ng for virial c
ALIGNING AN OPTIC	CAL DEVICE	SYSTEM WITH AN OPT	ICAL LENS SYSTE	IVI	
the specification of	which is atta	ched hereto unless the	following box is ch	ecked:	
( ) was filed on Number	and wa	as US Applica is amended on	tion Serial No. or Pi (if a	CT International pplicable).	
		wed and understood the d by any amendment( material to patentability			d specification, dge the duty to
Foreign Application(s) an	d/or Claim of Fo	reign Priority			( - ( - )
inventor(s) certificate list	ied below and ii	under Title 35. United States ave also identified below and n on which priority is claime	y toreight application for	any foreign applicat patent or inventor(	.on(s) for patent or s) certificate having
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
				YES:	NO:
				YES	NO.
Provisional Application I hereby claim the bene below:	fit under Title 3	5. United States Code Secti	on 119(e) of any United	d States provisional	application(s) listed
	APPLI	CATION SERIAL NUMBER	FILING DATE		
information as defined in	n Title 37, Code onal or PCT inter	of Title 35, United States C of Federal Regulations, Sectionational filing date of this ap	plication:	rred between the fil	ing date of the phor
POWER OF ATTORNEY	:				·
As a named inventor, business in the Patent a	i horeby appoir Ind Trademark C	nt the following attorney(s) office connected therewith:	and/or agent(s) to pro-	secute this applicat	non and dansact all
	mer Number		Place Customer Number Bar Code Label here		
Send Corresponden			Direct Telepho	one Calls To:	
AGILENT TECHNOL Legal Department, !	5 1U-PD		Pamela Lau Kee	•	
Intellectual Property Administration P.O. Box 58043			(408) 553-305	9	
Santa Clara, Califor					
made on informati with the knowled	on and beli Ige that will both under	nents made herein of mef are believed to be to ful false statements a Section 1001 of Title the validity of the app	rue; and further th and the like so m 18 of the United S	iat these statem nade are punish tates Code and	ients were made nable by fine or that such willful
Full Name of Inventor:	David B. Mi	ller	Citizenship: U	nited States	
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		Of the Assessment	0.00077		

Post Office Address:

Rev 05/00 (DecPwr)

(Use Page Two For Additional Inventor(s) Signature(s))

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DECLARATION AND P FOR PATENT APPLICA	OWER OF ATTORNEY	ATTORNEY DOCKET NO. 10001197
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Full Name of # 4 joint inventor	:	Chizenship:
Residence:		
ost Office Address:		
nventor's Signature	Date	•
full Name of # 5 joint inventor		Chtzen ehip:
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ost Office Address:		
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ull Name of # 6 joint inventor:		Citizen ship:
asidance:		
ost Office Address:		
ventor's Signature	Date	
ull Name of # 7 joint inventor:		Citizership:
ældence:		
ost Office Address:		
ventor's Signature	Date	
ull Name of # 8 joint inventor:		Citizenship:
osidence:		
ost Office Address:		
Ventor's Signature	Date	

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inventor's signature					
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Tama Mys		6/-	7/200	0	
minentor's signature	D	ate	- /		
U			•		
Full Name of # 4 joint inventor			Citizenship:		
Residence:				<del>-,., - , ,.</del>	
Post Office Address:		<del></del>	·····		
inventor's Signature		ate			
	_				
Full Name of # 5 joint inventor	:		Citiz en ship:		
Residence:			_		
Post Office Address:					
inventor's Signature		ate			
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Full Name of # 6 Joint inventor	r:		Citiz en ship:		
Residence:					
Post Office Address:		<u></u>			
inventor's Signature		Date			
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Full Name of # 7 joint invento	c		Citizenship:	100	
Residence:					-
Post Office Address:					
inventor's Signature		Date			
Full Name of #8 joint invento	DE		Citizenship:	······································	
Residence:		· · · · · · · · · · · · · · · · · · ·			2
Post Office Address:					<u> </u>
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